

MARYLAND TRAUMA PHYSICIAN SERVICES FUND

Physician Information Bulletin # 16

Third Party Administration Services for Processing of Uncompensated Care under the Maryland Physician Services Trauma Fund

House Bill 1164 (Trauma Reimbursement and Grants) passed in the 2006 Session of the Maryland General Assembly expands eligibility to the Maryland Trauma Physician Services Fund effective July 1, 2006.

The MHCC will contract with a Third Party Administrator (TPA) to process uncompensated care claims. The selected TPA is expected to begin preliminary tasks in early December and be fully operational by January 2007.

The current uncompensated care application will no longer be required. The TPA will use standard claim submission procedures and will be capable of accepting either paper or electronic submissions from practices.

The TPA will follow conventions used to identify trauma claims under the Medicaid program. The 'U1' modifier must appear in the procedure code modifier field and the trauma registry identifier must be entered in field 24D of the CMS 1500. If the practice submits an electronic claim, the identifier would be placed in the 2300 loop under Prior Authorization/Referral Number data element of the Health Care Claim 837 Professional form (837).¹ The

trauma registry identifier consists of the trauma center facility number (2 digits) plus the 6-digit trauma registry number (obtained from the trauma center). The trauma facility identifier is placed in field 23 of the CMS 1500 or in the 837.² The list of trauma center facility numbers is shown below:

<u>Facility Name</u>	<u>Trauma Specialty Facility ID #</u>
Johns Hopkins Bayview Medical Center Burn Unit	91
Johns Hopkins Medical System Eye Trauma Center	95
Union Memorial Curtis Hand Center	94
Johns Hopkins Bayview Medical Center (Adult Trauma)	01
Johns Hopkins Hospital (Adult Trauma)	04
Peninsula Regional Medical Center	08
Sinai Hospital (Adult Trauma)	10
Western Maryland Health System (Adult Trauma)	20
Prince George's Hospital Center (Adult Trauma)	32
R. Adams Cowley Shock Trauma Center	34
Suburban Hospital (Adult)	49
Washington County Hospital (Adult Trauma)	89
Johns Hopkins Medical Center (Pediatric Trauma Center)	05
Children's National Medical Center (Pediatric Trauma Center)	17

¹ The procedure modifier is in the 2400 Loop, data element SV101. See reference for further details.

² The field is in the 2300 loop and is under the "prior authorization or referral number" data element.

The paper or electronic claim must also include a diagnosis code between 800.00 and 959.99 which must be used for reimbursement. If a diagnosis code is not used between 800.00 and 959.99, a supplementary classification code between E800.0 and E999 must appear as a secondary diagnosis.

The MHCC has expanded eligibility for the Fund under its authority to develop the methodology for payment. Beginning in July 1, 2006 follow-up care, directly related to the initial trauma injury, provided in the trauma center hospital (inpatient, outpatient, or ED) will be covered for uncompensated care. Claim submission must conform to trauma requirements including use of a trauma number, 'U1' modifier, and the appropriate diagnosis codes.

The physician practice must attempt to recover costs using its documented collection policies before submitting a claim for reimbursement from the trauma fund. If no payer exists and the patient is unable to make payment, the practice can submit a claim to the Trauma Fund. The TPA will adjudicate all uncompensated care claims and all adjudicated claims will be paid monthly through the Office of the Comptroller.

To assist practices with the new submission requirements, the TPA will maintain a website containing claim submission procedures and other pertinent information. The TPA will also staff a customer service call center. More information will be forthcoming after contract award which is expected by November 15th.